| Fill in this information to identify you | | |
|---|--|-------------------------------------|
| United States Bankruptcy Court for the: DISTRICT OF MARYLAND | | |
| Case number (if known): | Chapter you are filing under: ✓ Chapter 7 ─ Chapter 11 ─ Chapter 12 ─ Chapter 13 | ☐ Check if this is a amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Identify Yourself** About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on your **Andre** government-issued picture First Name identification (for example, Gary your driver's license or Middle Name Middle Name passport). Fisher Bring your picture Last Name Last Name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) 2. All other names you have used in the last 8 First Name First Name years Middle Name Middle Name Include your married or maiden names. Last Name Last Name 3. Only the last 4 digits of $xxx - xx - \underline{5} \underline{9} \underline{6} \underline{5}$ your Social Security number or federal OR Individual Taxpayer Identification number (ITIN) Any business names ✓ I have not used any business names or EINs. ☐ I have not used any business names or EINs. and Employer **Identification Numbers** Business name Business name (EIN) you have used in the last 8 years Business name Business name Include trade names and

doing business as names

Business name

Business name

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| Debtor 1 | | Andre Gary Fisher, | Jr | | Case number (if known) | | | |
|----------|---------|---------------------------------------|-------------------|---|------------------------|---|--|--|
| | | | Abo | out Debtor 1: | Abo | out Debtor 2 (Spouse Only in a Joint Case): | | |
| | | | EIN | | EIN | | | |
| | | | EIN | | EIN | | | |
| 5. | Where | you live | | | If D | ebtor 2 lives at a different address: | | |
| | | | 254 | 7 McCulloh St | | | | |
| | | | Num | bber Street | Num | ber Street | | |
| | | | | 4:mara MD 24247 | | | | |
| | | | City | timore MD 21217 State ZIP Code | - City | State ZIP Code | | |
| | | | | timore City | | | | |
| | | | Cou | nty | Cou | nty | | |
| | | | the cou | our mailing address is different from one above, fill it in here. Note that the rt will send any notices to you at this ling address. | fron will | ebtor 2's mailing address is different n yours, fill it in here. Note that the court send any notices to you at this mailing ress. | | |
| | | | Num | ber Street | Num | ber Street | | |
| | | | P.O. | Вох | P.O. | Вох | | |
| | | | City | State ZIP Code | City | State ZIP Code | | |
| 6. | | ou are choosing strict to file for | Che | eck one: | Che | Check one: | | |
| | bankru | | V | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | | | | I have another reason. Explain. (See 28 U.S.C. § 1408.) | | I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| Р | art 2: | Tell the Court Ab | out Y | our Bankruptcy Case | | | | |
| 7. | Bankru | apter of the | | k one: (For a brief description of each, see I ankruptcy (Form 2010)). Also, go to the top | | quired by 11 U.S.C. § 342(b) for Individuals Filing and check the appropriate box. | | |
| | are cho | oosing to file | 7 | Chapter 7 | | | | |
| | | | _ | Chapter 11 | | | | |
| | | | _ | Chapter 12 | | | | |
| | | | _ | Chapter 13 | | | | |
| | | | ⊔ ' | οπαρίοι 10 | | | | |

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| Deb | Andre Gary Fisher | , Jr | | | | Ca | se num | nber (if known) | | |
|-----|--|---------------|--|---|--|--|--------------------------------|---|--|----------------|
| 8. | How you will pay the fee | c p | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. | | | | | | self, you may | |
| | | | | | | nents. If you che in Installments | | | and attach the Ap | pplication for |
| | | E th fe | y law, a nan 150 ee in ins | a judge may 1% of the of stallments). | y, but is not re ficial poverty If you choos | equired to, waive line that applies | e your f s to you ou mus | ee, and may do ur family size an t fill out the App | you are filing for so only if your ir d you are unable dication to Have | to pay the |
| 9. | Have you filed for | √ N | 0 | | | | | | | |
| | bankruptcy within the last 8 years? | □ Y | es. | | | | | | | |
| | | Distric | i | | | | When | | Case number | |
| | | D'ata's | | | | | | MM / DD / YYYY | | |
| | | DISTRIC | | | | | vvnen | MM / DD / YYYY | Case number | |
| | | Distric | · | | | | When | | Case number . | |
| 40 | A | | | | | | | MM / DD / YYYY | | |
| 10. | Are any bankruptcy cases pending or being | ☑ N | | | | | | | | |
| | filed by a spouse who is not filing this case with | | es. | | | | | | | |
| | you, or by a business | Debto | | | | | | | nip to you | |
| | partner, or by an affiliate? | Distric | i | | | | When | MM / DD / YYYY | Case number, | |
| | | | | | | | | WIWI/DD/TTTT | II KIIOWII | |
| | | Debto | | | | | | Relationsh | nip to you | |
| | | Distric | t | | | | When | | Case number, | |
| | | | | | | | | MM / DD / YYYY | if known | |
| 11. | Do you rent your | | | o to line 12 | | | | | | |
| | residence? | ⊘ Y | es. Ha | as your land | dlord obtaine | d an eviction jud | dgment | against you? | | |
| | | | ☑ | _ | to line 12. | | = : | ada a Italiana d | A | 4044) |
| | | | | _ | | tatement About his bankruptcy p | | - | Against You (For | m 101A) |
| | | | | | | | | | | |

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| Deb | tor 1 | Andre Gary Fisher, | Jr | | Case number (if known) | | | | | |
|-----|--|---|-------------------------|---------------------|---|--|----------------------------------|-----------------------------|-----------------------------------|--|
| P | art 3: | Report About Any Businesses You Own as a Sole Proprietor | | | | | | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | | | | Go to Part 4. Name and location of busi | ness | | | | |
| | busines individua separate | roprietorship is a s you operate as an al, and is not a e legal entity such as ation, partnership, or | | | Name of business, if any Number Street | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. | | | | City State ZIP Code Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above | | | | | |
| 13. | Chapter 11 of the can set a most red are you a small business or if any | | | set ap | filing under Chapter 11, the opropriate deadlines. If you nt balance sheet, statemen f these documents do not e | indicate that you are a story of operations, cash-flow | small business on statement, and | debtor, you d federal ir | must attach your ncome tax return | |
| | debtor? | debtor? | $\overline{\mathbf{A}}$ | No. | I am not filing under Chap | oter 11. | | | | |
| | For a definition of small business debtor, see | | | No. | I am filing under Chapter the Bankruptcy Code. | 11, but I am NOT a sma | II business debt | or accordir | ng to the definition in | |
| | 11 U.S.0 | C. § 101(51D). | | Yes. | I am filing under Chapter Bankruptcy Code. | 11 and I am a small bus | iness debtor acc | cording to | the definition in the | |
| P | art 4: | Report If You Ov | vn o | r Hav | e Any Hazardous Pro | perty or Any Prop | erty That Ne | eds Imn | nediate Attention | |
| 14. | The second of th | | No Yes. | What is the hazard? | | | | | | |
| | hazard to public health or safety? Or do you own any property that needs immediate attention? | | | | If immediate attention is r | needed, why is it needed | ? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | | Where is the property? | umber Street | | | | |
| | | | | | Ci | ty | | State | ZIP Code | |

Debtor 1 Andre Gary Fisher, Jr Case number (if known)

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one:

I received a briefing from an approved credit

About Debtor 1:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| Г | I am | not re | quired | to | receive | а | briefing | about |
|---|------|--------|---------|----|---------|---|----------|-------|
| | | | nseling | | | | | |

I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| Г | I am not required to receive a briefing a | bout |
|---|---|------|
| _ | credit counseling because of: | |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Debtor 1 | | Andre Gary Fisher, | | | | Case number (if | Case number (if known) | | | |
|----------|--|--|------|-----------------------------------|--|--------------------------------|------------------------|--|-------|--|
| P | art 6: | Answer These Questions for Reporting Purposes | | | | | | | | |
| 16. | What kind of debts do you have? | | 16a. | | ncurro No. | | - | sumer debts? Consumer de imarily for a personal, family, | | re defined in 11 U.S.C. § 101(8) usehold purpose." |
| | | | | | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. | | | | | |
| | | | 16c. | State | e the | type of debts yo | ou owe | e that are not consumer or bu | sines | s debts. |
| 17. | Are you filing under Chapter 7? | | | No. | I am | not filing under | r Chap | oter 7. Go to line 18. | | |
| | any exe exclude adminis are paid availab | estimate that after empt property is ed and strative expenses d that funds will be le for distribution ecured creditors? | | Yes. | admi | • | | • | - | xempt property is excluded and to distribute to unsecured creditors? |
| 18. | | any creditors do imate that you | | 1-49 50-99 100-19 200-99 | 99 | | | 1,000-5,000 5,001-10,000 10,001-25,000 | | 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. | | uch do you e your assets to th? | | \$100,0 | 01-\$1 001-\$ | 00,000 500,000 1 million | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| 20. | | uch do you e your liabilities to | | \$100,0 | 01-\$1 001-\$ | 00,000 500,000 1 million | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |

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| Debtor 1 | Andre Gary Fisher, | Tr Case number (if known) |
|----------|--------------------|--|
| Part 7: | Sign Below | |
| For you | - | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. |
| | | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | | X /s/ Andre Gary Fisher, Jr X Andre Gary Fisher, Jr, Debtor 1 Signature of Debtor 2 |
| | | Executed on <u>06/14/2019</u> Executed on <u>MM / DD / YYYYY</u> |

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| Debtor 1 Andre Gary Fishe | r, Jr | Case number (if know | n) |
|---|--|--|--|
| For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page. | I, the attorney for the debtor(s) named eligibility to proceed under Chapter 7, relief available under each chapter for the debtor(s) the notice required by 11 certify that I have no knowledge after a is incorrect. | 11, 12, or 13 of title 11, United Sta which the person is eligible. I also U.S.C. § 342(b) and, in a case in | tes Code, and have explained the control of certify that I have delivered to which § 707(b)(4)(D) applies, |
| | X /s/ Sonila Isak Wintz Signature of Attorney for Debtor | Date | 06/14/2019 MM / DD / YYYY |
| | Sonila Isak Wintz | | |
| | Printed name | | |
| | The Isak Law Firm Firm Name | | |
| | 808 Baltimore Pike | | |
| | Number Street | | |
| | | | |
| | Bel Air | MD | 21014 |
| | City | State | ZIP Code |
| | Contact phone (443) 854-6666 | Email address sonila | @isaklaw.com |
| | 29803 | | |
| | Bar number | State | _ |

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| Fill in this in | formation to ic | lentify your case | e and this filing: | | |
|---|------------------------------------|---|---|--|-----------------------------|
| Debtor 1 | Andre | Gary | Fisher, Jr | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing |) First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for | the: DISTRICT OF | MARYLAND | | |
| Case number | | | | Chook | if this is an |
| (if known) | | | _ | _ | if this is an led filing |
| Official Forn | n 106A/B | | | | |
| | /B: Property | , | | | 12/15 |
| - Concadic A | v. i Toperty | ' | | | 12/13 |
| filing together, be sheet to this form | oth are equally res | sponsible for supply ny additional pages | Be as complete and accurate as ying correct information. If more , write your name and case num ing, Land, or Other Real E | e space is needed, attach a lber (if known). Answer eve | separate ery question. |
| | | | | | |
| | | or equitable interes | st in any residence, building, lan | d, or similar property? | |
| <u> </u> | to Part 2. here is the property | /? | | | |
| | - | • | I of your entries from Part 1, inc | | \$0.00 |
| Part 2: De | escribe Your V | ehicles | | ' | |
| • | | • | in any vehicles, whether they ar , also report it on Schedule G: Exe | _ | - |
| 3. Cars, vans, | trucks, tractors, s | port utility vehicles, | , motorcycles | | |
| □ No ☑ Yes | | | | | |
| 3.1. | | Who has | an interest in the property? | Do not deduct secured clai | ims or exemptions. Put the |
| Make: | Acura | Check or | | amount of any secured cla Creditors Who Have Claim | |
| Model: | TL | | or 1 only or 2 only | Current value of the | Current value of the |
| Year: | 2010 | — Debt | or 1 and Debtor 2 only | entire property? | portion you own? |
| Approximate mile | | At le | ast one of the debtors and anothe | r \$4,431.00 | \$4,431.00 |
| | (approx. 170,000 | , _ | ck if this is community property instructions) | | |
| | | | r recreational vehicles, other ve aft, fishing vessels, snowmobiles, | | |
| ✓ No ☐ Yes | | | | | |
| | • | • | I of your entries from Part 2, inc | luding any | \$4,431.00 |

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| Deb | otor 1 | Andre Gary Fisher, Jr | Case number (if known) | |
|-----|--------------------------|--|---------------------------------|---|
| Р | art 3: | Describe Your Personal and Household Items | | |
| Do | you own | or have any legal or equitable interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. | Exampl | nold goods and furnishings es: Major appliances, furniture, linens, china, kitchenware | | |
| | ☐ No ✓ Yes | . Describe various household furniture | | \$1,000.00 |
| 7. | Electro Exampl | nics es: Televisions and radios; audio, video, stereo, and digital equipment; com music collections; electronic devices including cell phones, cameras, me | | |
| | ☐ No ✓ Yes | . Describe various electronics | | \$1,500.00 |
| 8. | | ibles of value es: Antiques and figurines; paintings, prints, or other artwork; books, pictures stamp, coin, or baseball card collections; other collections, memorabilia, | • | |
| | ✓ No ☐ Yes | . Describe | | |
| 9. | | nent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, po canoes and kayaks; carpentry tools; musical instruments | ool tables, golf clubs, skis; | |
| | ✓ No ☐ Yes | s. Describe | | |
| 10. | Firearn Exampl | es: Pistols, rifles, shotguns, ammunition, and related equipment | | |
| | ✓ No ☐ Yes | . Describe | | |
| 11. | Clothes Exampl | s es: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | 3 | |
| | □ No ✓ Yes | . Describe various wearing apparel | | \$1,000.00 |
| 12. | Jewelry Exampl | es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, he gold, silver | eirloom jewelry, watches, gems, | |
| | ✓ No ☐ Yes | . Describe | | |
| 13. | | m animals es: Dogs, cats, birds, horses | | |
| | ✓ No ☐ Yes | . Describe | | |
| 14. | Any oth | ner personal and household items you did not already list, including any list | ν health aids you | |
| | _ | . Give specific rmation | | |
| 15. | | e dollar value of all of your entries from Part 3, including any entries for | pages you have | \$3,500.00 |

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| Deb | tor 1 | Andre Gary Fisher, | Jr | Case number (if known) | |
|-----|--------------------|--|--|---|---|
| Pa | art 4: | Describe Your F | inancial Assets | | |
| Doy | you own | or have any legal or e | equitable interest in any of th | e following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | Cash Exampl | es: Money you have in petition | your wallet, in your home, in a | safe deposit box, and on hand when you file your | |
| | ✓ No ☐ Yes | 5 | | Cash: | |
| 17. | - | | and other similar institutions. | ertificates of deposit; shares in credit unions, If you have multiple accounts with the same | |
| | □ No ✓ Yes | S | Institution name: | | |
| | 17 | .1. Checking account | Checking account- | Wells Fargo | \$1,703.62 |
| 18. | | mutual funds, or publes: Bond funds, investr | • | firms, money market accounts | |
| | ✓ No | s Ins | stitution or issuer name: | | |
| 19. | - | • | d interests in incorporated a ship, and joint venture | nd unincorporated businesses, including | |
| | info | s. Give specific rmation about m | ime of entity: | % of ownership: | |
| 20. | Negotia | able instruments include | personal checks, cashiers' ch | nd non-negotiable instruments necks, promissory notes, and money orders. someone by signing or delivering them. | |
| | info | s. Give specific ormation about mlss | suer name: | | |
| 21. | | nent or pension accou les: Interests in IRA, ER profit-sharing plans | RISA, Keogh, 401(k), 403(b), th | nrift savings accounts, or other pension or | |
| | _ | s. List each | e of account: Institution r | name: | |
| 22. | Your sh Example | • | its you have made so that you | u may continue service or use from a company tilities (electric, gas, water), telecommunications | |
| | ☑ No | 、 | Inctitution | ne or individual: | |
| 23. | _ | es (A contract for a sp | | ney to you, either for life or for a number of years) | |
| | ✓ No | los | tuer name and description: | | |

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| Deb | tor 1 Andre Gary | Fisher, Jr | | Case number (if kr | nown) | |
|-----|---|----------------|---|--|-----------------|---|
| 24. | Interests in an educate 26 U.S.C. §§ 530(b)(1) | | • | ABLE program, or under a qualified st | ate tuition pro | ogram. |
| | ✓ No | Inetitut | ion name and description | Separately file the records of any interes | ete 11IISC | 8 521(c) |
| 25. | | uture interes | sts in property (other tha | n anything listed in line 1), and rights o | | . 9 321(6) |
| | No Yes. Give specific information about | ; | | | | |
| 26. | | | trade secrets, and other, websites, proceeds from | intellectual property; royalties and licensing agreements | | |
| | ✓ No ☐ Yes. Give specific information about | | | | | |
| 27. | , | | | association holdings, liquor licenses, prof | essional licen | ses |
| | ✓ No ☐ Yes. Give specific information about | | | | | |
| Mor | ney or property owed t | o you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to | you | | | | |
| | □ No | | | | | |
| | Yes. Give specific about them, include | | State: 2018 State tax | return refund. Amt: \$39.00 | Federa | l: \$0.00 |
| | you already filed th | ne returns | | | State: | \$39.00 |
| | and the tax years | | | | Local: | \$0.00 |
| 29. | Family support Examples: Past due o | r lump sum a | alimony, spousal support, | child support, maintenance, divorce settle | ment, propert | y settlement |
| | ✓ No Yes. Give specific | : information | | Alimo | nnv. | |
| | П тос. сто сросите | momation | | | tenance: | |
| | | | | Supp | | |
| | | | | | | : |
| | | | | | | |
| | | | | Γιορ | erty settlemen | |
| 30. | | ges, disabilit | y insurance payments, dis | ability benefits, sick pay, vacation pay, ware someone else | orkers' | |
| | ✓ No✓ Yes. Give specific | information | | | | |
| 31. | | - | insurance; health savings | account (HSA); credit, homeowner's, or | renter's insura | nce |
| | ✓ No Yes. Name the ins | surance | | | | |
| | company of each pand list its value | oolicy | ompany name: | Beneficiary: | Sı | urrender or refund value: |

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| Deb | otor 1 Andre Gary Fisher, J | r | Case number (if known) | |
|-----|---|---|--------------------------------------|---|
| 32. | | due you from someone who has died ng trust, expect proceeds from a life insur se someone has died | ance policy, or are currently | |
| | ✓ No☐ Yes. Give specific information | n | | |
| 33. | | nether or not you have filed a lawsuit o nt disputes, insurance claims, or rights to | • • | |
| | ✓ No ☐ Yes. Describe each claim | | | |
| 34. | Other contingent and unliquidarights to set off claims | ted claims of every nature, including co | ounterclaims of the debtor and | |
| | ☐ No ☐ Yes. Describe each claim | wages garnishment from judgm Corporation from 5/3 through | ent creditor- Credit Acceptance | \$1,506.71 |
| 35. | Any financial assets you did no | t already list | | |
| | ✓ No☐ Yes. Give specific information | n | | |
| 36. | - | ur entries from Part 4, including any er number here | . • | \$3,249.33 |
| P | art 5: Describe Any Busin | ess-Related Property You Own | or Have an Interest In. List any | real estate in Part 1. |
| 37. | Do you own or have any legal o | r equitable interest in any business-re | ated property? | |
| | No. Go to Part 6. | | | |
| | Yes. Go to line 38. | | | |
| | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. | Accounts receivable or commis | ssions you already earned | | |
| | ✓ No ☐ Yes. Describe | | | |
| 39. | Office equipment, furnishings, a Examples: Business-related com desks, chairs, electron | puters, software, modems, printers, copie | ers, fax machines, rugs, telephones, | |
| | ✓ No☐ Yes. Describe | | | |
| 40. | Machinery, fixtures, equipment | , supplies you use in business, and too | ls of your trade | |
| | ✓ No☐ Yes. Describe | | | |
| 41. | Inventory | | | |
| | ✓ No☐ Yes. Describe | | | |
| 42. | Interests in partnerships or join | nt ventures | | |
| | ✓ No☐ Yes. Describe Name of € | entity: | % of ownership: | |

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| Deb | tor 1 | Andre Gary Fisher, Jr | Case number (if known) |
|-----|------------------------|---|--|
| 43. | Custon | ner lists, mailing lists, or other compilations | |
| | ✓ No ☐ Yes | s. Do your lists include personally identifiable information (as defined No Yes. Describe | in 11 U.S.C. § 101(41A))? |
| 44. | Any bu | siness-related property you did not already list | |
| | ✓ No | s. Give specific information. | |
| 45. | | e dollar value of all of your entries from Part 5, including any entries for Part 5. Write that number here | |
| Pa | | Describe Any Farm- and Commercial Fishing-Related Pro If you own or have an interest in farmland, list it in Part 1. | operty You Own or Have an Interest In. |
| 46. | Do you | own or have any legal or equitable interest in any farm- or commercia | al fishing-related property? |
| | | Go to Part 7. s. Go to line 47. | |
| | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 47. | Farm a Examp No □ Yes | es: Livestock, poultry, farm-raised fish | |
| 48. | Crops- | either growing or harvested | |
| | | s. Give specific | |
| 49. | Farm a | nd fishing equipment, implements, machinery, fixtures, and tools of tr | ade |
| | ✓ No ☐ Yes | S | |
| 50. | Farm a | nd fishing supplies, chemicals, and feed | |
| | ✓ No | 3 | |
| 51. | | m- and commercial fishing-related property you did not already list | |
| | | s. Give specific | |
| 52. | | e dollar value of all of your entries from Part 6, including any entries for Part 6. Write that number here | |
| Pa | art 7: | Describe All Property You Own or Have an Interest in Th | at You Did Not List Above |
| 53. | | have other property of any kind you did not already list? es: Season tickets, country club membership | |
| | ✓ No ☐ Yes | s. Give specific information. | |

Official Form 106A/B Schedule A/B: Property page 6

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| Debtor 1 | Andre Gary Fisher, Jr | Case nu | umber (if known) | | |
|------------|---|-----------------|------------------------------|----------|-------------|
| | ne dollar value of all of your entries from Part 7. Write t | hat number here | | → | \$0.00 |
| 55. Part 1 | : Total real estate, line 2 | | | → | \$0.00 |
| 56. Part 2 | : Total vehicles, line 5 | \$4,431.00 | | | |
| 57. Part 3 | : Total personal and household items, line 15 | \$3,500.00 | | | |
| 58. Part 4 | : Total financial assets, line 36 | \$3,249.33 | | | |
| 59. Part 5 | : Total business-related property, line 45 | \$0.00 | | | |
| 60. Part 6 | : Total farm- and fishing-related property, line 52 | \$0.00 | | | |
| 61. Part 7 | : Total other property not listed, line 54 | +\$0.00 | | | |
| 62. Total | personal property. Add lines 56 through 61 | \$11,180.33 | Copy personal property total | + | \$11,180.33 |
| 63. Total | of all property on Schedule A/B. Add line 55 + line 62. | | | | \$11,180.33 |

| Fill in this inf | ormation to id | lentify your | case: | | | |
|--|--|---|---|-------------------------------|--|---|
| Debtor 1 | Andre | Gary | Fisher, J | • | | |
| Debtor 2 | First Name | Middle Name | e Last Name | | | |
| (Spouse, if filing) | First Name | Middle Name | e Last Name | | | |
| United States Ba | nkruptcy Court for | the: DISTRIC | T OF MARYLAND | | | ☐ Check if this is an |
| Case number (if known) | | | | | | amended filing |
| Official Form | 106C | | | | | |
| Schedule C | The Prope | rty You Cl | aim as Exemp | t | | 04/19 |
| Using the property | you listed on Sch | edule A/B: Prop this page as m | erty (Official Form 106 | SA/B) | as your source, list | responsible for supplying correct information. the property that you claim as exempt. If more tessary. On the top of any additional pages, |
| is to state a speci exempted up to the receive certain be exemption of 100° | fic dollar amount ne amount of any enefits, and tax-ex % of fair market v | as exempt. Al applicable stat tempt retirementalue under a la | ternatively, you may utory limit. Some ex nt fundsmay be unl w that limits the exe | clair emp imite mpti | n the full fair marke tionssuch as thos d in dollar amount. on to a particular do | n you claim. One way of doing so t value of the property being e for health aids, rights to However, if you claim an ollar amount and the value of the ble statutory amount. |
| Part 1: Ide | entify the Prop | erty You Cla | im as Exempt | | | |
| 1. Which set of | exemptions are y | ou claiming? | Check one only, | even | if your spouse is filin | g with you. |
| لكا | claiming state and claiming federal ex | | kruptcy exemptions. J.S.C. § 522(b)(2) | 11 U. | S.C. § 522(b)(3) | |
| 2. For any prop | erty you list on S | chedule A/B th | at you claim as exen | npt, f | ill in the information | n below. |
| Brief description of Schedule A/B that | | | Current value of the portion you own | | ount of the mption you claim | Specific laws that allow exemption |
| | | | Copy the value from Schedule A/B | | eck only one box for h exemption | |
| Brief description: various househousehouse from Schedule | | | \$1,000.00 | | \$1,000.00 100% of fair market value, up to any applicable statutory limit | . , , |
| Brief description: | nics | | \$1,500.00 | | \$1,500.00 100% of fair market | Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1) |
| Line from Schedule | e A/B: 7 | | | | value, up to any applicable statutory limit | |
| | | | | | | _ |

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| Andre Gary Fisher, Jr | | Case number | (if known) |
|--|--------------------------------------|---|---|
| Part 2: Additional Page | | | |
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: various wearing apparel Line from Schedule A/B:11 | \$1,000.00 | \$1,000.00 100% of fair market value, up to any applicable statutory limit | Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1) |
| Brief description: Checking account- Wells Fargo Line from Schedule A/B: | \$1,703.62 | \$1,703.62 100% of fair market value, up to any applicable statutory limit | Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5) |
| Brief description: 2018 State tax return refund Line from Schedule A/B:28 | \$39.00 | \$39.00 100% of fair market value, up to any applicable statutory limit | Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5) |
| Brief description: wages garnishment from judgment creditor- Credit Acceptance Corporation from 5/3 through Line from Schedule A/B: 34 | \$1,506.71 | \$1,506.71 100% of fair market value, up to any applicable statutory limit | Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5) |

| Fill in this info | mation to ident | tify your case | • | | | |
|---|---|--|---|---|--|--------------------------|
| Debtor 1 | Andre | Gary | Fisher, Jr | | | |
| | irst Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if filing) F | irst Name | Middle Name | Last Name | | | |
| United States Bank | ruptcy Court for the: | DISTRICT OF | MARYLAND | | | |
| Case number _ (if known) | | | | | Check if this is amended filing | |
| Official Form 1 | 06D | | | | | |
| | | o Have Cla | ims Secured by | v Property | | 12/15 |
| On the top of any act 1. Do any creditor No. Check Yes. Fill in Part 1: List 2. List all secured claim, list the creditor | Iditional pages, writes have claims secuthis box and submit all of the information AII Secured Claims. If a credit deditor separately for | ured by your pro t this form to the con below. ims or has more than of each claim. If mo | court with your other sch | wn). edules. You have not | hing else to report on th | is form. Column C |
| · | articular claim, list th | alphabetical order | r according to the | Amount of claim Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 | | Describe the secures the | e property that claim: | \$6,396.00 | \$4,431.00 | \$1,965.00 |
| Carvant Financial Creditor's name 211 Robbins Lane Number Street | - | — 2010 Acura — | TL | | | |
| Syosset City Who owes the debt? ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Del ☐ At least one of th ☐ Check if this cla to a community | otor 2 only e debtors and anoth im relates | Continge Unliquida Disputed Nature of lie An agree Statutory Judgmen | n. Check all that apply. ment you made (such a lien (such as tax lien, m t lien from a lawsuit cluding a right to offset) | s mortgage or secured | d car loan) | |
| Date debt was incur | red <u>08/2016</u> | Last 4 digits | of account number | 2 7 0 1 | | |
| | | | | | | |

Official Form 106D

all pages. Write that number here:

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| Fill in this inf | ormation to i | dentify your c | ase: | | | | |
|--|---|---|---|--|---|---|---|
| Debtor 1 | Andre | Gary | Fisher, Jr | | | | |
| Debior 1 | First Name | Middle Name | Last Name | | | | |
| Dobtor 2 | | | | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| (,9) | | | | | | | |
| United States Ba | nkruptcy Court fo | or the: DISTRICT | OF MARYLAND | | | | |
| Case number | | | | | | | |
| (if known) | - | | | | | Check if this is a | an |
| | | | | | | amended filing | |
| Official Form | 106E/F | | | | | | |
| | | rs Who Hav | e Unsecured Clair | ns | | | 12/15 |
| claims. List the o on <i>Schedule A/B:</i> Do not include an If more space is n | ther party to any Property (Officing y creditors with needed, copy the | y executory contr al Form 106A/B) partially secured Part you need, f | rt 1 for creditors with PRIC racts or unexpired leases t and on Schedule G: Execu I claims that are listed in S ill it out, number the entrie rrite your name and case r | hat could atory Cont schedule D s in the bo | result in a claim. A racts and Unexpire D: Creditors Who Ho oxes on the left. At | Also list executor d Leases (Officia old Claims Secur | y contracts I Form 106G). ed by Property. |
| Part 1: Lis | t All of Your | PRIORITY Un | secured Claims | | | | |
| 1. Do any credi | tors have priorit | y unsecured clai | ms against you? | | | | |
| ☐ No. Go t | to Part 2. | | | | | | |
| Yes. | | | | | | | |
| claim. For ea show both pric more space is claim, list the | ch claim listed, ic ority and nonprior s needed for prior other creditors in | dentify what type o rity amounts. As r rity unsecured clai Part 3. | creditor has more than one f claim it is. If a claim has b nuch as possible, list the clams, fill out the Continuation e instructions for this form in | oth priority ims in alph Page of Pa | and nonpriority amo nabetical order accor art 1. If more than or | ounts, list that clair rding to the credito ne creditor holds a Priority | m here and or's name. If a particular |
| | | | | | | amount | amount |
| 2.1 | | | | | \$1,243.00 | \$1,243.00 | \$0.00 |
| Comptroller of N | Maryland | | Last 4 dinita of account. | | | | |
| Priority Creditor's Nam | | m 400 | Last 4 digits of account i | | | | |
| 301 West Presto Number Street | on Street, Rooi | 11 406 | When was the debt incur | red? <u>2</u> | 013 | - | |
| | | | As of the date you file, th | e claim is | · Check all that ann | lv | |
| | | | Contingent | | . Onook all that app | .,. | |
| Paltimoro | MD | 21201 | Unliquidated | | | | |
| Baltimore City | State | ZIP Code | Disputed | | | | |
| Who incurred the | debt? Check | one. | Type of PRIORITY unsec | ured clain | n: | | |
| Debtor 1 only | | | □ Domestic support obli | | | | |
| Debtor 2 only | Dahtan O ! | | Taxes and certain oth | er debts yo | | ent | |
| Debtor 1 and D | Debtor 2 only the debtors and | another | Claims for death or pe | rsonal inju | ry while you were | | |
| _ | claim is for a co | | intoxicated Other. Specify | | | | |
| Is the claim subje | | amity debt | U Other. Specify | | | | |
| ✓ No | | | | | | | |
| Yes | | | | | | | |

| Debtor 1 Andre Gary Fisher, Jr | Case | number (if known) | | |
|--|--|--------------------------------|--------------------|--------------------|
| Part 1: Your PRIORITY Unsecured C | aims Continuation Page | | | |
| After listing any entries on this page, number then previous page. | n sequentially from the | | Priority amount | Nonpriority amount |
| 2.2 | | \$97.00 | \$97.00 | \$0.00 |
| Comptroller of Maryland Priority Creditor's Name | - Last 4 digits of account number | | | |
| 301 West Preston Street, Room 408 | When was the debt incurred? 201 | 16 | | |
| Number Street | | Observation and the extreme to | | |
| | As of the date you file, the claim is: Contingent | Check all that apply | • | |
| Baltimore MD 21201 | Unliquidated | | | |
| City State ZIP Code | - Disputed | | | |
| Who incurred the debt? Check one. | Type of PRIORITY unsecured claim: | | | |
| Debtor 1 only Debtor 2 only | Domestic support obligations | | | |
| Debtor 1 and Debtor 2 only | Taxes and certain other debts you Claims for death or personal injury | | nt | |
| At least one of the debtors and another | intoxicated | e you more | | |
| Check if this claim is for a community debt | Other. Specify | | | |
| Is the claim subject to offset? No | | | | |
| ☑ No ☐ Yes | | | | |
| | | | | |
| 2.3 | | \$1,038.00 | \$0.00 | \$1,038.00 |
| Comptroller of Maryland Priority Creditor's Name | - Last 4 digits of account number | | | |
| 301 West Preston Street, Room 408 | When was the debt incurred? 201 | 15 | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Contingent | Check all that apply | • | |
| Baltimore MD 21201 | Unliquidated | | | |
| City State ZIP Code | - Disputed | | | |
| Who incurred the debt? Check one. | Type of PRIORITY unsecured claim: | | | |
| Debtor 1 only Debtor 2 only | Domestic support obligations | | | |
| Debtor 1 and Debtor 2 only | Taxes and certain other debts you Claims for death or personal injury | • | it | |
| At least one of the debtors and another | intoxicated | mmo you moro | | |
| ☐ Check if this claim is for a community debt | Other. Specify | | | |
| Is the claim subject to offset? ✓ No | | | | |
| ☑ No □ Yes | | | | |
| | | | | |
| 2.4 | | \$1,137.00 | \$1,137.00 | \$0.00 |
| Comptroller of Maryland Priority Creditor's Name | - Last 4 digits of account number | | | |
| 301 West Preston Street, Room 408 | When was the debt incurred? 201 | 14 | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Contingent | Check all that apply | • | |
| Baltimore MD 21201 | Unliquidated | | | |
| City State ZIP Code | - Disputed | | | |
| Who incurred the debt? Check one. | Type of PRIORITY unsecured claim: | | | |
| Debtor 1 only | Domestic support obligations | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | Taxes and certain other debts you Claims for death or personal injury | - | ìτ | |
| At least one of the debtors and another | intoxicated | io you wore | | |
| Check if this claim is for a community debt | Other. Specify | | | |
| Is the claim subject to offset? | | | | |
| ✓ No ☐ Yes | | | | |

| Debtor 1 Andre Gary Fisher, Jr | Case number | (if known) | |
|--|--|----------------------|--------------------|
| Part 1: Your PRIORITY Unsecured C | laims Continuation Page | | |
| After listing any entries on this page, number the previous page. | m sequentially from the Total c | laim Priority amount | Nonpriority amount |
| 2.5 | | 802.67 \$0.00 | \$802.67 |
| Comptroller of Maryland Priority Creditor's Name | Last 4 digits of account number | | |
| 301 West Preston Street, Room 408 | When was the debt incurred? 2012 | | |
| Number Street | | | |
| | As of the date you file, the claim is: Check al | I that apply. | |
| | _ ☐ Contingent ☐ Unliquidated | | |
| Baltimore MD 21201 | Disputed | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of PRIORITY unsecured claim: | | |
| Debtor 1 only | Domestic support obligations | | |
| Debtor 2 only | Taxes and certain other debts you owe the | government | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Claims for death or personal injury while yo | | |
| At least one of the debtors and another Check if this claim is for a community debt | intoxicated Other Specify | | |
| Is the claim subject to offset? | Other. Specify | | |
| ✓ No ☐ Yes | | | |
| 2.6 | \$3, | 171.00 \$3,171.00 | \$0.00 |
| IRS | Last 4 digits of account number | | |
| Priority Creditor's Name P0 Box 7346 | When was the debt incurred? 2016 | | |
| Number Street | _ When was the dest incurred: | | |
| | As of the date you file, the claim is: Check al | I that apply. | |
| | Contingent | | |
| Philadelphia PA 19101 | ☐ Unliquidated ☐ Disputed | | |
| City State ZIP Code | ш . | | |
| Who incurred the debt? Check one. Debtor 1 only | Type of PRIORITY unsecured claim: | | |
| Debtor 2 only | ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the | government | |
| Debtor 1 and Debtor 2 only | Claims for death or personal injury while yo | | |
| At least one of the debtors and another | intoxicated | | |
| Check if this claim is for a community debt | Other. Specify | | |
| Is the claim subject to offset? No | | | |
| Yes | | | |
| 2.7 | | \$0.00 | \$0.00 |
| IRS Priority Creditor's Name | Last 4 digits of account number | | |
| P0 Box 7346 | When was the debt incurred? | | |
| Number Street | | | |
| | As of the date you file, the claim is: Check al | I that apply. | |
| | Contingent Unliquidated | | |
| Philadelphia PA 19101 | _ ☐ Disputed | | |
| City State ZIP Code Who incurred the debt? Check one. | — . | | |
| Debtor 1 only | Type of PRIORITY unsecured claim: Domestic support obligations | | |
| Debtor 2 only | Taxes and certain other debts you owe the | government | |
| Debtor 1 and Debtor 2 only | Claims for death or personal injury while yo | | |
| At least one of the debtors and another | intoxicated | | |
| Check if this claim is for a community debt | Other. Specify | | |
| Is the claim subject to offset? No No | | | |
| Yes | | | |

| Debtor 1 Andre Gary Fisher, Jr | Cas | e number (if known) |) | |
|---|--|---------------------|--------------------|--------------------|
| Part 1: Your PRIORITY Unsecured C | laims Continuation Page | | | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim | Priority amount | Nonpriority amount |
| 2.8 | | \$2,581.00 | \$0.00 | \$2,581.00 |
| IRS Priority Creditor's Name | Last 4 digits of account number | | | |
| P0 Box 7346 | _ When was the debt incurred? 20 | <u> </u> | | |
| Number Street | | | - | |
| | As of the date you file, the claim is: Contingent | Check all that app | ly. | |
| Building Ba 40404 | Unliquidated | | | |
| Philadelphia PA 19101 City State ZIP Code | _ Disputed | | | |
| Who incurred the debt? Check one. | Type of PRIORITY unsecured claim | : | | |
| Debtor 1 only | ■ Domestic support obligations | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | Taxes and certain other debts you Claims for death or personal injur | | ent | |
| At least one of the debtors and another | intoxicated | y write you were | | |
| ☐ Check if this claim is for a community debt | Other. Specify | | | |
| Is the claim subject to offset? | | | | |
| ✓ No ☐ Yes | | | | |
| <u> </u> | | | | |
| 2.9 | | \$2,955.00 | \$0.00 | \$2,955.00 |
| IRS Priority Creditor's Name | Last 4 digits of account number | | | |
| P0 Box 7346 | When was the debt incurred? 20 | <u> </u> | | |
| Number Street | - | | • | |
| | As of the date you file, the claim is: Contingent | Check all that app | ly. | |
| Dhiladalahia DA 40404 | Unliquidated | | | |
| Philadelphia PA 19101 City State ZIP Code | _ Disputed | | | |
| Who incurred the debt? Check one. | Type of PRIORITY unsecured claim | : | | |
| Debtor 1 only | Domestic support obligations | _ | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | Taxes and certain other debts you Claims for death or personal injur | | ent | |
| At least one of the debtors and another | intoxicated | y willie you were | | |
| Check if this claim is for a community debt | Other. Specify | | | |
| Is the claim subject to offset? ✓ No | | | | |
| ✓ No ☐ Yes | | | | |
| | | | | |
| 2.10 | | \$3,090.00 | \$0.00 | \$3,090.00 |
| IRS Priority Creditor's Name | Last 4 digits of account number | | | |
| P0 Box 7346 | - When was the debt incurred? 20 |)13 | | |
| Number Street | | | - | |
| | As of the date you file, the claim is: Contingent | Check all that app | ly. | |
| Philadelphia PA 19101 | Unliquidated | | | |
| City State ZIP Code | Disputed | | | |
| Who incurred the debt? Check one. | Type of PRIORITY unsecured claim | : | | |
| Debtor 1 only Debtor 2 only | Domestic support obligations | u avea tha arress | - m t | |
| Debtor 1 and Debtor 2 only | Taxes and certain other debts you Claims for death or personal injur | • | HIL | |
| At least one of the debtors and another | intoxicated | , , 500 11010 | | |
| Check if this claim is for a community debt | Other. Specify | | | |
| Is the claim subject to offset? ✓ No | | | | |
| ▼ No Yes | | | | |

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| Debtor 1 | Andre Gary Fisher, Jr | Case number (if known) | |
|--|---|---|------------|
| Part 2: | List All of Your NONPRIORIT | Y Unsecured Claims | |
| Ye List all If a cree type of | of your nonpriority unsecured claims ditor has more than one nonpriority unsec claim it is. Do not list claims already incl | claims against you? Submit this form to the court with your other schedules. in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed uded in Part 1. If more than one creditor holds a particular claim, list the other cured claims, fill out the Continuation Page of Part 2. | • |
| Account R Nonpriority Cre Attn: Bank Number S PO Box 45 Sunrise City Who incurre Debtor 2 Debtor 2 At least Check i | ### FL 33345 State ZIP Code Check one. I only | Last 4 digits of account number 3 2 1 9 When was the debt incurred? 06/2015 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Collecting for -ER Physician Associates of MD | \$302.00 |
| Philadelph City Who incurre Debtor 2 Debtor 3 At least Check i | 3070 Street PA 19101 State ZIP Code ed the debt? Check one. | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify 1398 | \$1,492.63 |

| Debtor 1 Andre Gary Fisher, Jr | Case number (if known) | |
|---|--|-------------|
| Part 2: Your NONPRIORITY Unsecur | ed Claims Continuation Page | |
| After listing any entries on this page, number ther previous page. | n sequentially from the | Total claim |
| 4.3 | | \$1,016.00 |
| Capital One | Last 4 digits of account number 1 2 5 8 | |
| Nonpriority Creditor's Name | When was the debt incurred? 09/2017 | |
| Attn: Bankruptcy Number Street | As of the date you file, the claim is: Check all that apply. | |
| PO Box 30285 | Contingent | |
| | Unliquidated | |
| Solt Loke City LIT 94420 | Disputed | |
| Salt Lake City UT 84130 City State ZIP Code | Tune of NONDRIORITY uncontrol claims | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| ✓ No ☐ Yes | | |
| 4.4 | | \$7,134.70 |
| Credit Acceptance Corporation | Last 4 digits of account number | |
| Nonpriority Creditor's Name 25505 West Twelve Mile RD | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | Unliquidated | |
| Southfield MI 48034 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Civil Judgment | |
| Is the claim subject to offset? | | |
| ☑ No ☐ Yes | | |
| | | |
| 4.5 | | \$260.43 |
| Credit Collection Services | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| 725 Canton Street | | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ ☐ Contingent ☐ Unliquidated | |
| | □ Disputed | |
| Norwood MA 02062 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| — B. I | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community debt | ✓ Other. Specify Collecting for -Geico Casualty Company | |
| Is the claim subject to offset? | July 101 Gold Guddally Company | |
| No | | |
| Yes | | |

| Debtor 1 Andre Gary Fisher, Jr | Case number (if known) | |
|---|--|-------------|
| Part 2: Your NONPRIORITY Unsecur | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.6 | | \$20,428.00 |
| Dept of Ed / Navient | Last 4 digits of account number 1 1 1 0 | |
| Nonpriority Creditor's Name Attn: Claims Dept | When was the debt incurred? 10/2010 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| PO Box 9635 | _ Contingent | |
| | ☐ Unliquidated ☐ Disputed | |
| Wilkes Barr PA 18773 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans Obligations spinion out of a congretion agreement or diverse | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | | |
| Is the claim subject to offset? No No | | |
| Yes | | |
| | | |
| 4.7 | Look A Polity of a count month on | \$885.08 |
| Dynamic Recovery Solutions Nonpriority Creditor's Name | Last 4 digits of account number | |
| 135 Interstate Blvd | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. □ Contingent | |
| | Unliquidated | |
| Greenville SC 29615 | Disputed | |
| Greenville SC 29615 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| ☐ Check if this claim is for a community debt | Collecting for -Verizon Wireless | |
| Is the claim subject to offset? | | |
| No You | | |
| Yes | | |
| 4.8 | | \$645.86 |
| FBCS | Last 4 digits of account number | |
| Nonpriority Creditor's Name 330 S Warminster RD, Ste 353 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ Disputed | |
| Hatboro PA 19040 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans Obligations arising out of a congration agreement or diverse | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Collecting for -Cavalry SPV | |
| Is the claim subject to offset? No No | | |
| Yes | | |

| Debtor 1 Andre Gary Fisher, Jr | Case number (if known) | |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecur | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.9 | | \$360.00 |
| IJHEMS at Howard County Nonpriority Creditor's Name | _ Last 4 digits of account number _4 _2 _5 _4 | |
| PO box 418937 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ ☐ Contingent ☐ Unliquidated | |
| | □ Disputed | |
| Boston MA 02241-8937 City State ZIP Code | | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Other. Specify | |
| Check if this claim is for a community debt | past due account | |
| Is the claim subject to offset? No | | |
| ☑ No □ Yes | | |
| | | |
| 4.10 | | \$70.58 |
| John Hopkins Medicine | _ Last 4 digits of account number 3 3 3 3 | |
| Nonpriority Creditor's Name PO Box 417714 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ Disputed | |
| Boston MA 02241 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. ☐ Debtor 1 only | ☐ Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | past due account | |
| Is the claim subject to offset? | | |
| No You | | |
| Yes | | |
| 4.11 | | \$1,399.44 |
| Progressive Leasing | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| 256 W Data DR Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | Unliquidated | |
| Draper UT 44166 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | ☐ Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community debt | past due account | |
| Is the claim subject to offset? | F | |
| ✓ No | | |
| Yes | | |

| Debtor 1 Andre Gary Fisher, Jr | Case number (if known) | |
|---|---|---------------------------------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.12 | | \$429.00 |
| Southwest Credit Systems | Last 4 digits of account number 5 2 7 4 | · · · · · · · · · · · · · · · · · · · |
| Nonpriority Creditor's Name 4120 International Parkway | When was the debt incurred? 02/2018 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| Suite 1100 | _ Contingent | |
| | ☐ Unliquidated ☐ Disputed | |
| Carrollton TX 75007 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Collecting for -Comcast | |
| Is the claim subject to offset? No | | |
| ☑ No ☐ Yes | | |
| | | |
| 4.13 | | \$118.00 |
| United Consumers, Inc | Last 4 digits of account number2504_ | |
| Nonpriority Creditor's Name PO Box 4466 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ Disputed | |
| Woodbridge VA 22194 | _ | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt | ✓ Other. Specify | |
| Is the claim subject to offset? | Collecting for Medstar | |
| No No | | |
| Yes | | |
| 414 | | |
| 4.14 | | \$29.00 |
| United Consumers, Inc Nonpriority Creditor's Name | _ Last 4 digits of account number 2 5 0 4 | |
| PO Box 4466 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ ☐ Contingent ☐ Unliquidated | |
| NA a dhaida a NA 20404 | Disputed | |
| Woodbridge VA 22194 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt | ✓ Other. Specify Collecting for Medstar | |
| Is the claim subject to offset? | | |
| ✓ No | | |
| Yes | | |

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| Andre Gary Fisher, Jr | Case number (if known) | Case number (if known) | | | | | |
|---|--|------------------------|--|--|--|--|--|
| Part 2: Your NONPRIORITY Unsecured Claims Continuation Page | | | | | | | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim \$5,430.24 | | | | | |
| Wellington Gate, Illptta Wellesley House Nonpriority Creditor's Name 1025 Cranbrook Rd Number Street | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | | | | | | |
| Cockeysville City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Yes | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify past due account | | | | | | |

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| Debtor 1 | Andre Gary Fi | sher, | Jr | | Cas | e number (if known) | | | |
|-----------------------------|---|---------------------------|---|--|-----------------|---|--|--|--|
| Part 3: | List Others | to B | e Notified Abo | out a Debt That You Alread | dy Li | sted | | | |
| For ex credite debts | cample, if a collect or in Parts 1 or 2, | ion ag then I Parts | gency is trying to ist the collection 1 or 2, list the ad | collect from you for a debt you agency here. Similarly, if you l ditional creditors here. If you d | owe | ebt that you already listed in Parts 1 or 2. to someone else, list the original more than one creditor for any of the have additional parties to be notified for | | | |
| CCB Cred | dit Services | | | On which entry in Part 1 or | Part | 2 did you list the original creditor? | | | |
| Name PO Box 2 | 72 | | | Line 12 of (Check one |). — | Part 1: Creditors with Priority Unsecured Claims | | | |
| Number | Street | | | Line <u>4.2</u> or (orion one) | , ∟ <u>√</u> | • | | | |
| Springfiel City | | IL State | 62705 ZIP Code | — Last 4 digits of account nu | mber | | | | |
| Coast Pro | ofessional, Inc | | | On which entry in Part 1 or | Part | 2 did you list the original creditor? | | | |
| Name PO Box 2899 | | | | Line 4.6 of (Check one |): | Part 1: Creditors with Priority Unsecured Claims | | | |
| Number | Street | | | <u> </u> | ✓ | | | | |
| West Mor | | LA State | 71294 ZIP Code | — Last 4 digits of account nu — | mber | | | | |
| | oert Quasney & E | Bette | n, PA | On which entry in Part 1 or | Part | 2 did you list the original creditor? | | | |
| Name 600 Wash Number | street | Ste 3 | 00 | Line 4.15 of (Check one) | _ | Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| | | | | — Last 4 digits of account number | | | | | |
| Towson | | MD | 21204 | — Last 4 digits of account nu | mber | | | | |
| City | | State | ZIP Code | | | | | | |
| | lin and Wagman | LLC | | On which entry in Part 1 or | Part | 2 did you list the original creditor? | | | |
| Name 1390 Picc | ard DR, Ste 315 | | | Line 4.4 of (Check one |): | Part 1: Creditors with Priority Unsecured Claims | | | |
| Number | Street | | | <u> </u> | _ | Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| | | | | — Last 4 digits of account nu | mber | | | | |
| Rockville City | | MD State | 20850 ZIP Code | <u> </u> | | | | | |
| Total Care | d, INC | | | On which entry in Part 1 or | Part | 2 did you list the original creditor? | | | |
| Name 2700 S Lo Number | ORRAINE PLACE Street | | | Line 4.8 of (Check one) |): <u> </u> | Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| Sioux Fal | ls | SD | 57106 | — Last 4 digits of account nu | mber | | | | |
| City | | State | ZIP Code | | | | | | |
| | | | | | | | | | |

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| Debtor 1 | Andre Gary Fisher, Jr | Case number (if known) |
|----------|-----------------------|------------------------|
| | _ | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | | Total claim |
|-----------------------------|--|---|--------------|-------------|
| Total claims from Part 1 | 6a. | Domestic support obligations | 6a. | \$0.00 |
| nomi art i | 6b. Taxes and certain other debts you owe the government | | | \$16,114.67 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. _ | +\$0.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6d. | \$16,114.67 |
| T and all the c | 01 | Ota hard bases | 01 | Total claim |
| Total claims from Part 2 | 6f. | Student loans | 6f. | \$20,428.00 |
| | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. _ | \$19,632.96 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. | \$40,060.96 |

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| Fill in this inf | ormation to id | | | | | |
|--|---------------------|---------------------|-------------------------|---|------------------------------------|--|
| Debtor 1 | Andre First Name | Gary Middle Name | Fisher, Jr Last Name | _ | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | _ | | |
| United States Bankruptcy Court for the: DISTRICT OF MARYLAND | | | | | | |
| Case number (if known) | | | | | Check if this is an amended filing | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease
 is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of
 executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| | | | | _ | |
|---|---|----------------------------|--|---|--------|
| Fill in this i | nformation to | identify your case | : | | |
| Debtor 1 | Andre | Gary | Fisher, Jr | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing | ng) First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court fo | or the: DISTRICT OF | MARYLAND | | |
| Case number | | | | | |
| (if known) | | | | Check if this is an amended filing | |
| | | | | | |
| Official For | m 106⊔ | | | | |
| Official For | | | | | |
| Schedule | H: Your Cod | lebtors | | | 12/1 |
| . • | op of any Addition | • | ame and case number (if kno | se as a codebtor.) | |
| | • | • | | y? (Community property states and territories xas, Washington, and Wisconsin.) | |
| <u> </u> | So to line 3. | | | _ | |
| | | ormer spouse, or legal e | quivalent live with you at the ti | me? | |
| | lo ′es | | | | |
| 3. In Column person she creditor or | 1, list all of your o own in line 2 again n <i>Schedule D</i> (Offi | n as a codebtor only if | that person is a guarantor o dule E/F (Official Form 106E | tor if your spouse is filing with you. List the r cosigner. Make sure you have listed the /F), or <i>Schedule G</i> (Official Form 106G). Use | |
| Column | 1: Your codebtor | | | Column 2: The creditor to whom you owe the | e debt |

Check all schedules that apply:

Official Form 106H Schedule H: Your Codebtors page 1

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| i | Fill in this inform | ation to iden | tify your case: | | | | | |
|------------------------|---|--|---|--|-----------------------|---------------|-----------------------------|--|
| | Debtor 1 | Andre | Gary | Fisher, | Jr | | | |
| | | First Name | Middle Name | Last Name |) | | — Che | eck if this is: |
| | Debtor 2 | First Name | Middle Norse | Loot Nome | | | _ | An amended filing |
| | (Spouse, if filing) | First Name | Middle Name | Last Name | • | | | A supplement showing postpetition |
| | United States Bankru | uptcy Court for th | e: DISTRICT O | F MARYLAND | | | - | chapter 13 income as of the following date: |
| | Case number (if known) | | | | | | | MM / DD / YYYY |
| 0 | fficial Form 10 | 61 | | | | | | ואואו / טט / זוווו |
| S | chedule I: You | ur Income | | | | | | 12/15 |
| res inc ab yo | sponsible for supply clude information ab out your spouse. If ur name and case n | ring correct info out your spous more space is r | rmation. If you are e. If you are separ needed, attach a se n). Answer every c | e married and no ated and your sp eparate sheet to | t filing j ouse is | ointly not | , and your filing with y | d Debtor 2), both are equally spouse is living with you, you, do not include information any additional pages, write |
| 1. | Fill in your employ | • | | | | | | |
| | information. | | | Debtor 1 | | | | Debtor 2 or non-filing spouse |
| | If you have more the job, attach a separa | _ | ployment status | ✓ Employed | | | | ☐ Employed |
| | with information ab | | | ■ Not emplo | yed | | | ☐ Not employed |
| | additional employe | ors. | cupation | Driver | | | | |
| | Include part-time, s or self-employed w | - 4 | ployer's name | Estes Expres | s Line | s | | |
| | Occupation may in- | | ployer's address | 2547 McCullo | h Stre | et | | |
| | applies. | akei, ii ii | | Number Street | | | | Number Street |
| | | | | | | | | |
| | | | | Baltimore | | MD | 21217 | |
| | | | | City | | State | Zip Code | City State Zip Code |
| | | Hov | v long employed t | here? | | | _ | |
| F | Part 2: Give D | etails About | Monthly Incom | e | | | | |
| | | me as of the da | te you file this forr | | thing to | repor | for any line | e, write \$0 in the space. Include your |
| | 0 1 | , , | | er, combine the ir | formation | on for | all employe | ers for that person on the lines below. If |
| yo | u need more space, a | attach a separate | sheet to this form. | | | | | |
| | | | | | | For D | ebtor 1 | For Debtor 2 or non-filing spouse |
| 2. | List monthly gros payroll deductions) would be. | | | | 2. e | ; | \$5,053.58 | <u> </u> |
| 3. | Estimate and list I | monthly overtin | e pay. | | 3. 🛨 | | \$0.00 | |
| 4. | Calculate gross in | ncome. Add line | 2 + line 3. | | 4. | ; | \$5,053.58 | |

Official Form 106I Schedule I: Your Income page 1

| Deb | Andre Gary Fisher, Jr | | Case nur | nber (if known) | |
|-----|--|-----------------------------|---------------------------------------|---|------------------------------------|
| | | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
| | Copy line 4 here | → 4. | \$5,053.58 | | |
| 5. | List all payroll deductions: | | | | |
| | 5a. Tax, Medicare, and Social Security deduction | s 5a. | \$864.63 | | |
| | 5b. Mandatory contributions for retirement plans | 5b. | \$0.00 | | |
| | 5c. Voluntary contributions for retirement plans | 5c. | \$0.00 | | |
| | 5d. Required repayments of retirement fund loans | 5d. | \$0.00 | | |
| | 5e. Insurance | 5e. | \$0.00 | | |
| | 5f. Domestic support obligations | 5f. | \$0.00 | | |
| | 5g. Union dues | 5g. | \$0.00 | | |
| | 5h. Other deductions. | | • | | |
| | Specify: | 5h.+ | \$0.00 | | |
| 6. | Add the payroll deductions. Add lines $5a + 5b + 5g + 5h$. | 5c + 5d + 5e + 5f + 6. | \$864.63 | | |
| 7. | Calculate total monthly take-home pay. Subtract | et line 6 from line 4. 7. | \$4,188.95 | | |
| 8. | List all other income regularly received: | | | | |
| | 8a. Net income from rental property and from oper business, profession, or farm | erating a 8a. | \$0.00 | | |
| | Attach a statement for each property and busines gross receipts, ordinary and necessary business the total monthly net income. | 0 | | | |
| | 8b. Interest and dividends | 8b. | \$0.00 | | |
| | 8c. Family support payments that you, a non-filin dependent regularly receive | g spouse, or a 8c. | \$0.00 | | |
| | Include alimony, spousal support, child support, divorce settlement, and property settlement. | maintenance, | | | |
| | 8d. Unemployment compensation | 8d. | \$0.00 | | |
| | 8e. Social Security | 8e. | \$0.00 | | |
| | 8f. Other government assistance that you regular | rly receive | · · · · · · · · · · · · · · · · · · · | | |
| | Include cash assistance and the value (if known) cash assistance that you receive, such as food s (benefits under the Supplemental Nutrition Assis or housing subsidies. | or any non- stamps | | | |
| | Specify: | 8f. | \$0.00 | | |
| | 8g. Pension or retirement income | | \$0.00 | | |
| | 8h. Other monthly income. | - 3 | | | |
| | Specify: | 8h. | \$0.00 | | |
| 9. | Add all other income. Add lines 8a + 8b + 8c + 8d + | 8e + 8f + 8g + 8h. 9. | \$0.00 | | |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or | 10. | \$4,188.95 | + ===================================== | \$4,188.95 |
| 11. | State all other regular contributions to the expense | 0 1 | ıle J. | | |
| | Include contributions from an unmarried partner, mem friends or relatives. | | | ir roommates, and othe | r |
| | Do not include any amounts already included in lines | 2-10 or amounts that are r | not available to pay | • | |
| | Specify: | | | 11. + | - \$0.00 |
| 12. | Add the amount in the last column of line 10 to the income. Write that amount on the Summary of Your A if it applies. | | | | \$4,188.95 Combined monthly income |
| 13. | . Do you expect an increase or decrease within the | year after you file this fo | rm? | | • |
| | ✓ No. None. | | | | |
| | Yes. Explain: | | | | |
| | | | | | |

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| Ē | ill in this inform | ation to iden | tify your case: | | | Oh a | _l. :f 4l_:_ | : | |
|----|---|---------------------|-------------------------------------|------------------|---|---------|--------------|-------------------------------|-------------------------------|
| | Debtor 1 | Andre First Name | Gary Middle Name | Fishe Last Na | | ■ Che | | ended filing ement showing | postpetition |
| | Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Na | ame | | | 13 expenses as | |
| | | uptcv Court for th | ne: DISTRICT OF | MARYLAN | D | | MM / D | D / YYYY | _ |
| | Case number | | | | | | IVIIVI / D | D/ | |
| Ĺ | (if known) | | | | | | | | |
| | fficial Form 10 | | | | | | | | |
| | chedule J: Yo | | | | | | | | 12/15 |
| CO | • | more space is | needed, attach anot | her sheet to | ling together, both ar this form. On the top | - | | | |
| F | art 1: Descri | be Your Hous | sehold | | | | | | |
| 1. | Is this a joint case | ? | | | | | | | |
| | _ No | ebtor 2 live in a | separate household | | es for Separate Housel | hold of | Debtor | 2. | |
| 2. | Do you have depe | | | · | | | | | |
| | Do not list Debtor 2 Debtor 2. | l and | Yes. Fill out this for each depende | | | | o to | Dependent's age | Does dependent live with you? |
| | Do not state the de | nendents' | | | child | | | 11 | Yes |
| | names. | pendento | | | child | | | 1 | □ No - ☑ Yes |
| | | | | | child | | | 10 | □ No - ☑ Yes |
| | | | | | child | | | 8 | □ No □ Yes |
| | | | | | | | | | □ No - □ Yes |
| 3. | Do your expenses expenses of peop yourself and your | le other than | ✓ No ☐ Yes | | | | | | _ |
| F | art 2: Estima | ite Your Ongo | oing Monthly Ex | penses | | | | | |
| to | | of a date after th | he bankruptcy is file | - | are using this form as a supplemental Sche | | - | • | |
| | lude expenses paid ch assistance and h | | - | - | u know the value of icial Form 106l.) | | | Your expens | es |
| 4. | The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. | | | | | | 4 | 1 | \$750.00 |
| | If not included in | line 4: | - | | | | | | |
| | 4a. Real estate ta | xes | | | | | 2 | ła | |
| | 4b. Property, hom | neowner's, or rent | ter's insurance | | | | 2 | 1b | |
| | 4c. Home mainte | nance, repair, an | d upkeep expenses | | | | 4 | łc | |
| | 4d. Homeowner's | association or co | ondominium dues | | | | 4 | ld. | |

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| Debtor 1 Andre Gary Fisher, Jr | Case number (if known) |
|--|------------------------|
| | Your expenses |
| 5. Additional mortgage payments for your residence, such as home equity loans | 5 |
| 5. Utilities: | |
| 6a. Electricity, heat, natural gas | 6a. |
| 6b. Water, sewer, garbage collection | 6b |
| Telephone, cell phone, Internet, satellite, and cable services | 6c. \$350.00 |
| 6d. Other. Specify: | 6d. |
| 7. Food and housekeeping supplies | 7. \$700.00 |
| B. Childcare and children's education costs | 8. \$125.00 |
| 9. Clothing, laundry, and dry cleaning | 9. \$90.00 |
| 10. Personal care products and services | 10. \$70.00 |
| 11. Medical and dental expenses | 11. \$60.00 |
| Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$250.00 |
| Entertainment, clubs, recreation, newspapers, magazines, and books | 13. |
| 14. Charitable contributions and religious donations | 14. |
| 15. Insurance.Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. Life insurance | 15a. \$21.00 |
| 15b. Health insurance | 15b |
| 15c. Vehicle insurance | 15c. \$330.00 |
| 15d. Other insurance. Specify: | 15d |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. |
| 17. Installment or lease payments: | |
| 17a. Car payments for Vehicle 1 | 17a. \$440.00 |
| 17b. Car payments for Vehicle 2 | 17b |
| 17c. Other. Specify: student loans | 17c. \$200.00 |
| 17d. Other. Specify: | 17d. |
| Your payments of alimony, maintenance, and support that you did not report a deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | |
| 19. Other payments you make to support others who do not live with you. Specify: | 19. |

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| Debtor 1 | | Andre Gary Fisher, Jr | Case number (if known) | | |
|----------|---|---|------------------------|------------|--|
| 20. | | real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income. | | | |
| | 20a. | Mortgages on other property | 20a. | | |
| | 20b. | Real estate taxes | 20b | | |
| | 20c. | Property, homeowner's, or renter's insurance | 20c. | | |
| | 20d. | Maintenance, repair, and upkeep expenses | 20d. | | |
| | 20e. | Homeowner's association or condominium dues | 20e. | | |
| 21. | Other | Specify: | 21. + | | |
| 22. | Calcu | late your monthly expenses. | | | |
| | 22a. | Add lines 4 through 21. | 22a | \$4,186.00 | |
| | 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. | 22b | | |
| | 22c. | Add line 22a and 22b. The result is your monthly expenses. | 22c | \$4,186.00 | |
| 23. | Calcu | alate your monthly net income. | | | |
| | 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a | \$4,188.95 | |
| | 23b. | Copy your monthly expenses from line 22c above. | 23b. – | \$4,186.00 | |
| | 23c. | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c | \$2.95 | |
| 24. | Do yo | ou expect an increase or decrease in your expenses within the year after you f | ile this form? | | |
| | For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | | | |
| | _ | No. | | | |
| | □ ` | Yes. Explain here: None. | | | |
| | | | | | |
| | | | | | |

| Fi | II in this info | ormation to i | dentify your case | | | |
|------|-----------------------------|--------------------|---------------------------------------|--|---|-----------------------------------|
| De | btor 1 | Andre | Gary | Fisher, Jr | | |
| | | First Name | Middle Name | Last Name | | |
| | btor 2 bouse, if filing) | First Name | Middle Name | Last Name | | |
| Un | ited States Bar | nkruptev Court fo | or the: DISTRICT OF | MARYLAND | | |
| | se number | mapley Countre | | | _ | |
| | known) | | | | Check if amende | this is an d filing |
| Off | icial Form | 106Sum | | | | |
| | | | ets and Liabilit | ies and Certain S | Statistical Information | 12/15 |
| | | | | | her, both are equally responsible fo | r supplying |
| corr | ect information | n. Fill out all of | your schedules first; | then complete the inforr | nation on this form. If you are filing | amended |
| scne | edules after yo | ou file your orig | inai forms, you must f | III out a new Summary a | nd check the box at the top of this p | oage. |
| Pa | art 1: Sur | mmarize You | r Assets | | | |
| | | | | | | |
| | | | | | | Your assets Value of what you own |
| 1. | Schedule A/B: | Property (Official | al Form 106A/B) | | | |
| | 1a. Copy line | 55, Total real es | state, from Schedule A | /B | | \$0.00 |
| | | | | | | \$11,180.33 |
| | 1b. Copy line | : 62, Total persoi | nal property, from Sche | dule A/B | | 411,100.33 |
| | 1c. Copy line | 63, Total of all p | property on Schedule A | /B | | \$11,180.33 |
| | | · | , , | | | |
| Pa | art 2: Sur | mmarize You | r Liabilities | | | |
| | | | | | | Your liabilities |
| | | | | | | Amount you owe |
| 2. | | | , | Property (Official Form 10 claim, at the bottom of the | 06D) e last page of Part 1 of Schedule D | \$6,396.00 |
| 3. | | | | s (Official Form 106E/F) | | ¢16 114 67 |
| | 3a. Copy the | total claims fron | n Part 1 (priority unsecu | red claims) from line 6e o | f Schedule E/F | \$16,114.67 |
| | 3b. Copy the | total claims from | n Part 2 (nonpriority uns | secured claims) from line 6 | 6j of Schedule E/F - | \$40,060.96 |
| | | | , , , , , , , , , , , , , , , , , , , | | • | |

Part 3: Summarize Your Income and Expenses

\$62,571.63

Your total liabilities

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| Debtor 1 | | Andre Gary Fisher, Jr Ca | ase numbe | r (if known) | |
|---|--|--|---------------|----------------------------------|-----------|
| Part 4: Answer These Questions for Administrative and Statistical Records | | | | | |
| 6. | Are | you filing for bankruptcy under Chapters 7, 11, or 13? | | | |
| | | No. You have nothing to report on this part of the form. Check this box and subn Yes | mit this forn | n to the court with your other s | chedules. |
| 7. | Wha | nt kind of debt do you have? | | | |
| | $\overline{\mathbf{V}}$ | Your debts are primarily consumer debts. Consumer debts are those "incurred family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistic | , | ' ' | l, |
| | | Your debts are not primarily consumer debts. You have nothing to report on this form to the court with your other schedules. | his part of | the form. Check this box and | submit |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. \$4,336.00 | | | | |
| 9. | Сор | y the following special categories of claims from Part 4, line 6 of <i>Schedule E</i> | /F: | | |
| | | | | Total claim | |
| | Fron | n Part 4 on Schedule E/F, copy the following: | | | |
| | 9a. | Domestic support obligations. (Copy line 6a.) | | \$0.00 | |
| | 9b. | Taxes and certain other debts you owe the government. (Copy line 6b.) | | \$16,114.67 | |
| | 9c. | Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | | \$0.00 | |
| | 9d. | Student loans. (Copy line 6f.) | | \$20,428.00 | |
| | 9e. | Obligations arising out of a separation agreement or divorce that you did not reportive claims. (Copy line 6g.) | ort as | \$0.00 | |
| | 9f. | Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + | \$0.00 | |

9g. Total. Add lines 9a through 9f.

\$36,542.67

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| Fill in this in | formation to i | | | |
|--------------------|--------------------|---------------------------|---|---|
| Debtor 1 | | dentify your case | : | |
| | Andre | Gary | Fisher, Jr | 7 |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing | g) First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court fo | r the: DISTRICT OF | MARYLAND | |
| Case number | | | | Charle if this is an |
| (if known) | | | | Check if this is an amended filing |
| Official Form | m 106Daa | | | |
| Official Forn | | | | |
| Declaration | n About an I | ndividual Debt | tor's Schedules | 12/15 |
| \$250,000, or imp | • | | y fraud in connection with a k 18 U.S.C. §§ 152, 1341, 1519, | pankruptcy case can result in fines up to and 3571. |
| | | someone who is NOT | an attorney to help you fill ou | ut bankruptcy forms? |
| I√I No | | | алаган, та та та функция от | |
| V 110 | Name of naroon | | | Attach Deplementary Detition Drangeral's Nation |
| — \/ N | Name of person | | | Attach Bankruptcy Petition Preparer's Notice, |
| Yes. 1 | | | | Declaration, and Signature (Official Form 119). |

X /s/ Andre Gary Fisher, Jr Andre Gary Fisher, Jr, Debtor 1

Date <u>06/14/2019</u> MM / DD / YYYY Signature of Debtor 2

Date MM / DD / YYYY

| Fill | in this inf | ormation to id | entify your c | ase: | | | |
|---------------|--|---------------------------------------|------------------------------------|---------------------------------------|--|---|--|
| Deb | tor 1 | Andre | Gary | Fisher, J | r | | |
| | | First Name | Middle Name | Last Name | | | |
| | otor 2 ouse, if filing) | First Name | Middle Name | Last Name | | | |
| Unit | ed States Ba | nkruptcy Court for | the: DISTRICT | OF MARYLAND | | | |
| | e number | | | | | ☐ Check if th | is is an |
| (if k | nown) | | | | | amended f | |
| Offi | cial Form | 107 | | | | | |
| Sta | tement o | f Financial | Affairs for | Individuals F | iling for Bankr | uptcy | 04/19 |
| corre your | ct informatio | n. If more space se number (if kno | is needed, attac own). Answer e | ch a separate sheet very question. | | e equally responsible for sop of any additional page | |
| | • | | | | | | |
| ı | What is your ☐ Married ☑ Not marrie | current marital st | atus? | | | | |
| | | | ou lived anywho | ere other than wher | e you live now? | | |
| | ▼ No Yes. List | all of the places yo | ou lived in the las | st 3 years. Do not in | clude where you live no | w. | |
| (| (Community p | | | | • | ity property state or territ ada, New Mexico, Puerto F | • |
| | ☑ No ☐ Yes. Mak | e sure you fill out | Schedule H: You | ur Codebtors (Official | Form 106H). | | |
| Pai | rt 2: Exp | olain the Sour | ces of Your I | ncome | | | |
| F | Fill in the total | amount of income | you received from | om all jobs and all bu | pusiness during this yeusinesses, including par gether, list it only once u | | ilendar years? |
| | □ No ☑ Yes. Fill i | n the details. | | | | | |
| | | | Dek | otor 1 | | Debtor 2 | |
| | | | | ces of income k all that apply. | Gross income (before deductions and exclusions | Sources of income Check all that apply. | Gross income (before deductions and exclusions |
| | | f the current year for bankruptcy: | | ages, commissions, onuses, tips | \$26,016.00 | Wages, commissions, bonuses, tips | |
| | • | | | perating a business | | Operating a business | |
| For th | ne last calend | dar year: | | ages, commissions, | \$34,175.00 | ☐ Wages, commissions, | |
| (Janu | ary 1 to Dece | mber 31, <u>2018</u> | _ | onuses, tips perating a business | | bonuses, tips Operating a business | |
| For th | ne calendar y | ear before that: | | ages, commissions, | \$5,917.00 | ☐ Wages, commissions, | |
| (Janu | ary 1 to Dece | mber 31, 2017 | 1 | onuses, tips perating a business | | bonuses, tips Operating a business | |

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| Deb | otor 1 | Andre Gary Fisher, Jr | Case number (if known) | | | | |
|-----|--|--|--|--|--|--|--|
| 5. | Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1. | | | | | | |
| | List each source and the gross income from each source separately. Do not include income that you listed in line 4. | | | | | | |
| | ✓ No ☐ Yes. | Fill in the details. | | | | | |
| Р | art 3: | List Certain Payments You Made Before You Filed for | Bankruptcy | | | | |
| 6. | Are eithe | er Debtor 1's or Debtor 2's debts primarily consumer debts? | | | | | |
| | □ No. | Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Con "incurred by an individual primarily for a personal, family, or household | - , , | | | | |
| | | During the 90 days before you filed for bankruptcy, did you pay any cre | editor a total of \$6,825* or more? | | | | |
| | | No. Go to line 7. | | | | | |
| | | Yes. List below each creditor to whom you paid a total of \$6,825* of total amount you paid that creditor. Do not include payments child support and alimony. Also, do not include payments to | for domestic support obligations, such as | | | | |
| | | * Subject to adjustment on 4/01/22 and every 3 years after that for cas | es filed on or after the date of adjustment. | | | | |
| | ✓ Yes. | Debtor 1 or Debtor 2 or both have primarily consumer debts. | | | | | |
| | | During the 90 days before you filed for bankruptcy, did you pay any cre | editor a total of \$600 or more? | | | | |
| | | ☑ No. Go to line 7. | | | | | |
| | | Yes. List below each creditor to whom you paid a total of \$600 or n creditor. Do not include payments for domestic support obligation, do not include payments to an attorney for this bankrupt | ations, such as child support and alimony. | | | | |
| 7. | V. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony. | | | | | | |
| | ✓ No ☐ Yes. | List all payments to an insider. | | | | | |

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| Debtor 1 | Andre Gary Fisher, J | r | | C: | ase number (if | known) _ | | | |
|---|--|--|----------------|------------------------|----------------------|------------|---------|---------|--------------------|
| | in 1 year before you filed fo | or bankruptcy, o | did you make | any payments or trai | nsfer any prop | perty on a | ccount | of a de | bt that |
| Inclu | de payments on debts guara | nteed or cosigne | ed by an insid | er. | | | | | |
| | No /es. List all payments that be | enefited an insid | ler. | | | | | | |
| Part 4: | Identify Legal Acti | ions, Reposs | sessions, a | nd Foreclosures | | | | | |
| List a | in 1 year before you filed fo all such matters, including pe fications, and contract disput | rsonal injury cas | | • | • | | • | | • |
| | es. Fill in the details. | | | | | | | | |
| Case title | | Nature of the | case | Court | or agency | | | State | us of the case |
| Credit A | cceptance Corp vs. | Contract | | Distric | ct Court of N | ID for Ba | ltimor | e City | - □ Pending |
| Andre Fi | sher | | | Court N | | | | | rename |
| | | | | 510 E Number | Fayette ST Street | | | | _ ☐ On appeal |
| Case num | ber 33630-10 | | | Number | Olleet | | | | ✓ Concluded |
| | | - | | Baltin | nore | MD | 2120 | 12 | - - |
| | | | | City | 1010 | State | ZIP Co | | - |
| seize Chec | in 1 year before you filed for ed, or levied? ok all that apply and fill in the No. Go to line 11. Yes. Fill in the information be | details below. | was any of yo | our property reposses | sed, foreclos | ed, garnis | hed, at | ttached | , |
| | | | Describe t | ne property | | Date | | Value | of the property |
| Credit Acceptance Corporation Creditor's Name | | Wages garnished in the amount of \$1506.71 | | unt of | 4/12/2 | 2019 | | | |
| 25505 W | Twelve Mile Rd, Ste 300 | 00 | | | | | | | |
| | Street | | Explain wh | at happened | | | | | |
| | | | _ | y was repossessed. | | | | | |
| | | | _ | y was foreclosed. | | | | | |
| Southfie | | 48034 | | y was garnished. | | | | | |
| City | State | ZIP Code | ☐ Proper | y was attached, seized | a, or levied. | | | | |

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| Deb | otor 1 | Andre Gary Fish | er, Jr | | Case number (if k | nown) | |
|------|---------------|---|--------------------|---|---------------------------|---|-------------------|
| 11. | | | | uptcy, did any creditor, includ make a payment because you | - | stitution, set off an | y |
| | ✓ No ☐ Yes | s. Fill in the details. | | | | | |
| 12. | | | | otcy, was any of your property ustodian, or another official? | in the possession of an | assignee for the be | enefit of |
| | ✓ No ☐ Yes | 3 | | | | | |
| P | art 5: | List Certain G | ifts and Con | tributions | | | |
| 13. | Within | 2 years before you | filed for bankru | ıptcy, did you give any gifts w | ith a total value of more | than \$600 per perso | on? |
| | ✓ No ☐ Yes | s. Fill in the details f | or each gift. | | | | |
| 14. | | 2 years before you charity? | filed for bankru | uptcy, did you give any gifts o | contributions with a tot | al value of more tha | nn \$600 |
| | ☑ No □ Yes | s. Fill in the details for | or each gift or co | ontribution. | | | |
| P | art 6: | List Certain L | osses | | | | |
| 15. | | 1 year before you fi isaster, or gamblin | | otcy or since you filed for bank | ruptcy, did you lose any | thing because of th | neft, fire, |
| | ✓ No ☐ Yes | s. Fill in the details. | | | | | |
| P | art 7: | List Certain P | ayments or | Transfers | | | |
| 16. | anyone | you consulted abo | out seeking ban | otcy, did you or anyone else a kruptcy or preparing a bankru reparers, or credit counseling a | ptcy petition? | | |
| | □ No ☑ Yes | s. Fill in the details. | | | | | |
| | e Isak La | aw Firm /as Paid | | Description and value of any | property transferred | Date payment or transfer was made | Amount of payment |
| | | ore Pike | | | | 04/22/2019 | \$500.00 |
| Num | nber Str | eet | | | | | _ |
| Bel | Air | MD | 21014 | | | | |
| City | | State | ZIP Code | • | | | |
| Ema | il or websi | te address | | | | | |
| Pers | on Who M | lade the Payment, if Not | You | | | | |

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| Deb | tor 1 | Andre Gary Fisher, Jr | Case number (if known) |
|-----|----------------|--|--|
| 17. | | year before you filed for bankruptcy, did you or anyone else acting owno promised to help you deal with your creditors or to make payme | |
| | Do not in | nclude any payment or transfer that you listed on line 16. | |
| | ✓ No ☐ Yes. | . Fill in the details. | |
| 18. | | years before you filed for bankruptcy, did you sell, trade, or otherwisy transferred in the ordinary course of your business or financial affa | |
| | | both outright transfers and transfers made as security (such as granting of include gifts and transfers that you have already listed on this statement. | f a security interest or mortgage on your property). |
| | ✓ No ☐ Yes. | . Fill in the details. | |
| 19. | | O years before you filed for bankruptcy, did you transfer any property a beneficiary? (These are often called asset-protection devices.) | y to a self-settled trust or similar device of which |
| | ✓ No ☐ Yes. | . Fill in the details. | |
| Pa | art 8: | List Certain Financial Accounts, Instruments, Safe Dep | osit Boxes, and Storage Units |
| 20. | | year before you filed for bankruptcy, were any financial accounts or closed, sold, moved, or transferred? | instruments held in your name, or for your |
| | | checking, savings, money market, or other financial accounts; certificates pension funds, cooperatives, associations, and other financial institutions | • |
| | ✓ No ☐ Yes. | . Fill in the details. | |
| 21. | . • | now have, or did you have within 1 year before you filed for bankrupt rities, cash, or other valuables? | cy, any safe deposit box or other depository |
| | ✓ No ☐ Yes. | . Fill in the details. | |
| 22. | | u stored property in a storage unit or place other than your home wit | hin 1 year before you filed for bankruptcy? |
| | ✓ No ☐ Yes. | Fill in the details. | |
| | art 9: | Identify Property You Hold or Control for Someone Els | e |
| 23. | • | hold or control any property that someone else owns? Include any p in trust for someone. | roperty you borrowed from, are storing for, |
| | ✓ No ☐ Yes. | . Fill in the details. | |

| Del | btor 1 | Andre Gary Fisher, Jr Case number (if known) | | | | | |
|-----|--|--|--|--|--|--|--|
| Р | art 10 | Give Details About Environmental Information | | | | | |
| For | r the pu | rpose of Part 10, the following definitions apply: | | | | | |
| | hazard | nmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of ous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, ng statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | |
| | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. | | | | | | |
| | | ous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic nce, hazardous material, pollutant, contaminant, or similar item. | | | | | |
| Re | port all | notices, releases, and proceedings that you know about, regardless of when they occurred. | | | | | |
| 24. | Has a law? | ny governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental | | | | | |
| | ✓ No | o es. Fill in the details. | | | | | |
| 25. | ☑ N | you notified any governmental unit of any release of hazardous material? o es. Fill in the details. | | | | | |
| 26. | Have orders | you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and s. | | | | | |
| | ✓ No | o es. Fill in the details. | | | | | |
| Р | art 11 | Give Details About Your Business or Connections to Any Business | | | | | |
| 27. | Withir busin | n 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any ess? | | | | | |
| |]]]] | A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation | | | | | |
| | | o. None of the above applies. Go to Part 12. es. Check all that apply above and fill in the details below for each business. | | | | | |
| 28. | | n 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include ancial institutions, creditors, or other parties. | | | | | |
| | □ No | o es. Fill in the details below. | | | | | |

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| Debtor 1 | Andre Gary Fisher, Jr | | Case number (if known) |
|---|---------------------------------|--|---|
| Part 12: | Sign Below | | |
| that answers | are true and correct. I unders | stand that making a false statement, con kruptcy case can result in fines up to \$2 | s, and I declare under penalty of perjury ncealing property, or obtaining money or 250,000, or imprisonment for up to 20 years, |
| X /s/ Andre Gary Fisher, Jr Andre Gary Fisher, Jr, Debtor 1 | | X Signature of Debtor 2 | |
| Date | 06/14/2019 | Date | |
| Did you attac | ch additional pages to Your Sta | ntement of Financial Affairs for Individua | als Filing for Bankruptcy (Official Form 107)? |
| ✓ No ☐ Yes | | | |
| Did you pay | or agree to pay someone who | is not an attorney to help you fill out ba | nkruptcy forms? |
| ✓ No ☐ Yes. Nar | me of person | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

UNITED STATES BANKRUPTCY COURT DISTRICT OF MARYLAND BALTIMORE DIVISION

IN RE: Andre Gary Fisher, Jr CASE NO

CHAPTER 7

Signature _____

VERIFICATION OF CREDITOR MATRIX

| The above named Debtor hereby verifies that the knowledge. | attached list of creditors is true and correct to the best of his/her |
|--|---|
| | |
| Date 6/14/2019 | Signature /s/ Andre Gary Fisher, Jr |

Andre Gary Fisher, Jr

Account Resolution Services Attn: Bankruptcy PO Box 459079 Sunrise, FL 33345

BGE P.O. Box 13070 Philadelphia, PA 19101

Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130

Carvant Financial Llc 211 Robbins Lane Syosset, NY 11791

CCB Credit Services PO Box 272 Springfield, IL 62705

Coast Professional, Inc PO Box 2899 West Monroe, LA 71294

Comptroller of Maryland 301 West Preston Street, Room 408 Baltimore, MD 21201

Credit Acceptance Corporation 25505 West Twelve Mile RD Southfield, MI 48034

Credit Collection Services 725 Canton Street Norwood, MA 02062 Dept of Ed / Navient Attn: Claims Dept PO Box 9635 Wilkes Barr, PA 18773

Dynamic Recovery Solutions 135 Interstate Blvd Greenville, SC 29615

FBCS 330 S Warminster RD, Ste 353 Hatboro, PA 19040

IJHEMS at Howard County PO box 418937 Boston, MA 02241-8937

IRS PO Box 7346 Philadelphia PA 19101

John Hopkins Medicine PO Box 417714 Boston, MA 02241

Progressive Leasing 256 W Data DR Draper, UT 44166

Sagal Filbert Quasney & Betten, PA 600 Washington Avenue, Ste 300 Towson MD 21204

Schier Tolin and Wagman LLC 1390 Piccard DR, Ste 315 Rockville, MD 20850

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Southwest Credit Systems 4120 International Parkway Suite 1100 Carrollton, TX 75007

Total Card, INC 2700 S LORRAINE pLACE Sioux Falls, SD 57106

United Consumers, Inc PO Box 4466 Woodbridge, VA 22194

Wellington Gate, lllptta Wellesley House 1025 Cranbrook Rd Cockeysville, MD 21030